

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012362

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 384

Primary Registration District No. 3037

Registrar's No. 346

STATE FILE NUMBER

FILED APR 10 1963

## 1. PLACE OF DEATH

a. COUNTY

LINN

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

BROOKFIELD

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Doctors Hosp

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

LINN

Inside Limits  
Yes ☒ No ☐c. CITY  
OR TOWN

MARCELINE

d. STREET  
ADDRESS(If outside, give location)  
221 E HoweReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

LARRY JOE YATES

4. DATE  
OF DEATH

Month

Day

Year

4 - 2 - 1963

## 5. SEX

MALE

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3-30-63

## 9. AGE (last birthday)

0

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

0 4

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

## 10b. KIND OF BUSINESS OR INDUSTRY

NONE

## 11. BIRTHPLACE (City and state or country)

BROOKFIELD MO

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

HIRAM YATES

## 13b. MOTHER'S MAIDEN NAME

JO ANN FARRIS

## 14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

NO

NO

## 16. SOCIAL SECURITY NO.

HIRAM YATES BROOKFIELD MO

18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY.)

## IMMEDIATE CAUSE (a)

Hypertensive Hemorrhage Cerebral 3 days

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

3/30/63 to 4/2/63

and last saw him alive on 4/2/63

Death occurred at

2:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

MILLER-Tillotson

MARCELINE 4-3-63

Anna Watson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

1 0585

2 05812

3

4 0

5 0

6

7 0

8 2

9 754.3

10

11

12 1-2

13 2-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Liebert K. Tillatson*

Licensed Embalmer No.

*4508*

P. O. Address

*Marceline Ma*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.